

## TRANSMITTAL FORM

Attorney Docket No.  
SVL920010073US1/2305PIn re the application of: **James PICKEL and Shivram GANDURI**Confirmation No: **3927**Serial No: **10/066,049**Group Art Unit: **2141**Filed: **January 31, 2002**Examiner: **Bayard, Djenane M.**For: **Method and System Workload Balancing in a Network of Computer Systems**

## ENCLOSURES (check all that apply)

|                                     |                                     |  |  |                          |   |
|-------------------------------------|-------------------------------------|--|--|--------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/> | After Allowance Communication to Group      |
| <input type="checkbox"/>            | After Final                         | <input type="checkbox"/>   | Part B-Issue Fee Transmittal                     | <input type="checkbox"/> | Notice of Appeal                            |
| <input type="checkbox"/>            | Information disclosure statement    | <input type="checkbox"/>   | Letter to Draftsman                              | <input type="checkbox"/> | Appeal Brief                                |
| <input type="checkbox"/>            | Substitute Form 1449                | <input type="checkbox"/>   | Drawings   | <input type="checkbox"/> | Status Letter                               |
| <input type="checkbox"/>            | Reference Copies                    | <input type="checkbox"/>   | Petition   | <input type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/>            | Extension of Time Request *         | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>            | Express Abandonment                 | <input checked="" type="checkbox"/>  | Terminal Disclaimer                              |                          |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc      | <input type="checkbox"/>   | Power of Attorney and Revocation of Prior Powers |                          |   |
| <input type="checkbox"/>            | Response to Incomplete Appln        | <input type="checkbox"/>   | Change of Correspondence Address                 |                          |   |
| <input type="checkbox"/>            | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |  |                          |   |
| <input type="checkbox"/>            | Executed Declaration by Inventor(s) |  |  |                          |   |


## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE     |
|--------------------|----------------------------------|---|--------------|------------|---------|
| Total Claims       | 28                               | 34                                      | 0            | \$ 50.00   | \$ 0.00 |
| Independent Claims | 3                                | 3                                       | 0            | \$200.00   | \$ 0.00 |
|                    |                                  |   |              | Total Fees | \$ 0.00 |

## METHOD OF PAYMENT

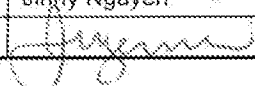
|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                              |
| <input type="checkbox"/> | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                 |
| <input type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. _____ (Account Holder Name) |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |   |
|---------------|---|
| Attorney Name | Erin C. Ming, Reg. No. 47,797   |
| Signature     |  |
| Date          | June 20, 2006   |

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Djenane M. Bayard via the USPTO EFS-Web on June 20, 2006.

|                      |   |
|----------------------|---|
| Type or printed name | Jinny Nguyen  |
| Signature            |  |